

We Couldn't Have Done It Without You!

Terrence E. Steyer, MD

As I write this column, legislators in Washington, DC, are working to consolidate the recent health care reform bills passed by the House of Representatives and the Senate into one comprehensive health care reform package. While the final contents of the bill are not yet known, we know that the process over the last year has raised a number of issues of importance for family medicine and primary care.

The reform process includes many things that we, as family physician educators, value. These include the extension of health care insurance to an estimated 30 million Americans who currently have no health insurance, bonus payments from Medicare for primary care services, the Primary Care Extension Program (modeled after the agricultural extension programs), and the concept of Teaching Health Centers (which would allow a limited number of community health centers to be funded to serve as residency program continuity sites). While the bills contain language regarding the Patient-centered Medical Home, they constrict patient eligibility to the chronically ill and

thus may make the results of demonstration projects invalid. In addition, graduate medical education funding has not been well addressed. Even if the worst were to happen and no broad health care reform bill would be passed, we know that we have made a difference, and Congress has identified many of our key issues as important ones for legislative action.

One area of concern in the health care reform debate is the question of how many new residency positions are needed and whether they should be targeted by specialty, geographic area, or type of institution. During the process, bill language that would increase residency positions by 15,000, or 15%, was on the table. Although there was ostensibly targeting of the new positions to primary care or general surgery, due to the time of counting (entrance rather than exit from generalist residencies) it was not effective. Leading the support for this provision was the Association of American Medical Colleges (AAMC) and the American Medical Association. Several attempts by organized family medicine were made to negotiate with both the Senate staff as well as with the AAMC to modify the language to make it more primary care oriented, but no workable compromise could be reached. Interestingly as this debate unfolded, the American Medical Student Association (AMSA), whose constituents arguably have the most to gain

from the expansion of GME, also opposed the expansion as written.

While the recent health care reform debate has been tumultuous and does not include everything that we may desire, it has increased awareness of the need for health care reform and the broad concern over the physician workforce in this country. While the debate over the massive overhaul is coming to a close, and we do not know what, if any, provisions may survive and be enacted, we know that our work is not yet done. It must be understood that no matter the outcome, our efforts have not been in vain. There is a much broader understanding among lawmakers and their legislative staffs about the importance of primary care. We have to recommit ourselves to developing relationships with our legislators to ensure that our key agenda items are addressed either in current or future legislation. We will continue to need to advocate for effective physician workforce change, to count "primary care" and "generalist" providers at the appropriate time during their training, and to hold medical schools, residencies, and organized medicine accountable for the changes that need to be made.

One of my goals this year has been to "motivate more family medicine advocates." Many of you have been vocal about the need for health care reform and, more specifically, the reform of health care financing. Many

(Fam Med 2010;42(2):87-8.)

have expressed to their legislators the need for more primary care physicians and general surgeons in their community. Many told stories of how patients in their area could no longer receive care, even if they were covered by Medicare or Medicaid, and many have been aware and involved in issues as they relate to the Patient-centered Medical Home, the teaching health center movement, and the primary care extension program.

Thank YOU, for advocating for health care change in your variety of effective ways. YOU made and continue to make a difference, and YOU are needed now more than ever. As always, we are indebted to our Washington, DC, staff, led by Hope Wittenberg, MA, for their tireless dedication in advocating for family medicine—our chosen profession, the profession we are encouraging others to choose, and

the profession that cares for the vast majority of patients in our nation. That is the reason that we advocate and will continue to advocate and motivate others to do the same. Continue to LEAD the way!

Correspondence: Address correspondence to Dr Steyer, Medical College of Georgia-University of Georgia Medical Partnership, 279 Williams Street, Athens, GA 30602-1777. 706-369-5850. Fax: 706-369-5901. tsteyer@mcg.edu.

Addendum

As this journal went to press, the voters of Massachusetts elected Scott Brown (R) to fill the seat opened upon the death of Senator Ted Kennedy (D). It should be noted that Senator-elect Brown ran his campaign partially on a platform of being “the 41st vote against health care reform.” Given these events, no one is sure when or if health care reform will occur. This only means that we must remain vigilant and continue to be motivated to advocate for family medicine and for our patients.